

STAYING AFLOAT THROUGH CONFLICT MANAGEMENT

Montana Human Resource Conference

KwaTaqNuk Resort, Polson, MT

October 2 – 4, 2007

VENDOR REGISTRATION FORM

Company Name	_____
Vendor Booth Contact Name	_____
Company Address	_____
City, State Zip	_____
Phone / Fax	_____
E-Mail Address	_____
Description of Services	_____
Each vendor organization will receive one paid registration for the conference.	
Name (conference attendee)	_____
Title	_____
Phone	_____
Address (if different from above)	_____
Additional registrants	\$170 per additional conference registrant
Name(s) of additional persons that will be staffing your booth and NOT registering for the conference.	

Equipment Needs at Exhibit Site (check those that apply):

_____ **Six Foot Table** _____ **Number of Chairs**
_____ **Access to Electricity** _____ **Telephone Line Access (limited)**
_____ **Other (please specify)** _____

☐ **Yes, I will be donating a door price(s) (less than \$50).**

TAX IDENTIFICATION NUMBER: 81-0302402

Payment due by September 14, 2007 (earlier returns are encouraged as space is allocated on a first come first serve basis)

After September 24, 2007 cancellations will not be refunded.

Vendor Fee & One Paid Reg. \$250.00 Additional Registrants _____ @ \$170 = \$ _____ Total \$ _____	Return completed form with a check payable: to SPD HR Conference Department of Administration Beth Strandberg, P.O. Box 200127, Room 125, Mitchell Building, Helena, MT 59620-0127
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Montana Human Resource Conference Use: Date Pmt Recd. _____ Check No. _____ Amount \$ _____ Confirm. Date _____
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